

bodies. With the cooperation of city agencies, schools and volunteer groups (she calls her own role "coalition-building"), more than a dozen playgrounds were made safer. Metal swings—which too often smashed into children, sometimes fracturing skulls—were replaced by soft rubber ones. Broken climbing bars with jagged points also were replaced. Pocked asphalt, which so easily tripped dashing feet, yielded to rubberized surfaces. Graffiti-strewn walls were painted over with cheerful murals by schoolchildren. Five entirely new playgrounds with Harlem motifs were created.

Dr. Barlow didn't stop there. When a child was raped in the darkness of unkempt Jackie Robinson Park in northern Harlem, where the lights had long been out, she demanded that city officials get the lights back on. Now, Little League teams once again play on the park's renovated fields, and two of the teams are sponsored by Harlem Hospital.

While sports have their place, they can't give a child what gardening can, according to Bernadette Cozart, a gardener for the city parks department. Her "Greening of Harlem" project works in cooperation with the Injury Prevention Program. Under Cozart's eye, children fill vacant lots and playground plots with flowers and vegetables. Typical is the garden at P.S. 197, an elementary school. Roses, lilies, tomatoes, eggplants, even collard greens thrive there. "I have kids who wouldn't eat anything green until they started growing it," said Cozart.

Like gardening, the hospital's popular dance program might seem far afield from injury prevention. But time spent dancing is time away from the mean streets of the inner city. "Why shouldn't these children be loaded up with afterschool activities, just like suburban children are?" asked Dr. Barlow.

No Harlem child, however, can avoid the streets: 48 percent of pediatric trauma injuries at Harlem Hospital involve motor vehicles. So "Safety City," a course for third-graders on how to be a safe pedestrian, is part of the Injury Prevention Program (aided by the city's department of transportation). Another part of the program is the Urban Youth Bike Corps, which provides helmets and bicycle-repair instruction, while the KISS (Kids, Injuries and Street Smarts) project educates teens about gun violence.

So varied has the Injury Prevention Program become that it's easy to assume Dr. Barlow has little time left for old-fashioned doctoring. That would be a mistake. She still takes a turn of duty every fourth night, though, as a department chief, she doesn't have to.

Dr. Barlow's pioneering program is now going national, thanks to a new \$1.1 million grant from the Robert Wood Johnson Foundation. Pittsburgh, Chicago and Kansas City, Mo., are the first cities to replicate it. At Harlem Hospital, meanwhile, the surest sign of the continuing downward trend in trauma injuries is a dark corner of the pediatric ward. "We used to have patients hanging off the rafters when I first came here," said Dr. Barlow. "Now I've closed off six beds. We don't need them anymore."

SOCIAL SECURITY COURT OF APPEALS ACT OF 1995

HON. ANDREW JACOBS, JR.

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 9, 1995

Mr. JACOBS. Mr. Speaker, I am today introducing the Social Security Court of Appeals

Act of 1995 which creates a court to adjudicate appeals from Federal district court related to Social Security. A summary prepared by the minority staff of the Subcommittee on Social Security follows:

The past decade has witnessed increasing regional variation in the standards of eligibility used by the Social Security Administration [SSA] to evaluate applications for disability benefits. A significant cause of this variation is the Federal courts' increased role in reviewing SSA decisions and interpreting agency regulations. Court intervention has been, and continues to be, vitally important in protecting the right of claimants. However, the regional nature of court jurisdiction can also serve to fragment Social Security disability standards along geographic lines and result in disparities in treatment of similarly situated claimants.

To address this problem, this legislation would establish a single, national Social Security Court of Appeals. This court would be modeled after the court of appeals for the Federal circuit, which has jurisdiction over patent and trademark law, international trade, and the Court of Claims. The new court would replace the 12 Federal circuit courts of appeal in adjudicating Social Security and Supplemental Security Income [SSI] benefit appeals from Federal district courts. The court would consist of five judges with lifetime appointments. It would render appeal decisions in panels of three judges, as is the case at present with Federal circuit courts of appeal. The new court would be located in Washington, DC, but would have authority to travel as it deemed necessary. As the single body to adjudicate Social Security and SSI appeals from Federal district courts, this court would be positioned to articulate a consistent body of case law and to eliminate regional discrepancies in SSA policy.

Claimants' rights to appeal SSA decisions to Federal district courts would be unaffected by this legislation. Moreover, decisions of the Social Security Court of Appeals would be appealable to the U.S. Supreme Court, just as Social Security decisions by the circuit courts of appeal are under current law.

DOD INCREMENTAL COSse member.TS IN SUPPORT OF U.N. PEACEKEEPING

HON. LEE H. HAMILTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 9, 1995

Mr. HAMILTON. Mr. Speaker, many members have expressed interest in the scope and nature of incremental costs incurred by the Department of Defense in support of peacekeeping operations conducted or authorized by the United Nations. This issue was the subject of some confusion during the debate in the House on H.R. 7, the National Security Revitalization Act.

On January 13, I wrote to Secretary of Defense William Perry requesting detailed information on these costs. On February 15, I received an interim response from Under Secretary of Defense Walter Slocombe, followed by further clarification in a letter from Under Secretary Slocombe on April 18.

The Department of Defense now estimates its voluntary incremental costs in support of

nonassessed U.N. peacekeeping operations at \$1.41 billion in fiscal year 1994. As Under Secretary Slocombe points out in his latest letter:

Were the United States to credit amounts of this size against our annual U.N. peacekeeping assessment, it would cancel out our entire yearly contribution, thereby seriously impairing the U.N.'s capability to conduct peacekeeping operations.

Because these are now the latest official Department of Defense estimates of these costs, I ask that this correspondence be included in the RECORD.

COMMITTEE ON INTERNATIONAL RELATIONS,

Washington, DC, January 13, 1995.

Hon. WILLIAM J. PERRY,
Secretary of Defense, Department of Defense,
The Pentagon, Washington, DC.

DEAR SECRETARY PERRY: I write concerning the Committee on International Relations impending markup of H.R. 7, the foreign affairs portion of the "Contract with America", and information we need prior to that markup in order to defend the Administration's position.

Two provisions in H.R. 7, if enacted as currently drafted, would cripple the ability of the United States to support U.N. peacekeeping operations, and might well shut down such operations altogether. Sections 501 and 508 of that legislation, taken together, would prohibit effectively the ability of the Defense Department to support U.N. peacekeeping operations, and off-set any DOD support for U.N. authorized actions against the U.S. peacekeeping assessment to the U.N.

I believe that these provisions stem from a political perception that DOD participation in or support for U.N. peacekeeping operations and related activities has had a negative impact on U.S. military readiness. While I anticipate a lengthy debate this year in Congress on the subject of U.S. military readiness generally, my problem is that we in Congress do not have the necessary information to have an informed debate on whether and how DOD support for U.N. peacekeeping operations might contribute to the readiness issue.

I therefore would urge you to provide at your earliest possible convenience the following information:

How does DOD differentiate between direct and indirect support for "Contingency Operations", and for direct and indirect support for U.N. peacekeeping operations?

What costs has DOD incurred in Fiscal Year 1994 for contingency operations for U.N. authorized operations, such as the no-fly zone in Iraq? For "Blue Helmet" operations such as UNSOM II?

How much was DOD reimbursed by the U.N. in Fiscal Year 94 for support of U.N. peacekeeping operations? In each case, at what time were DOD costs incurred, on what date did DOD request each such reimbursement, and when did each such U.N. reimbursement occur?

How much of these costs in Fiscal Year 1994 have been covered by U.S. supplemental appropriations? In cases where supplemental appropriations have been provided and the U.N. has subsequently reimbursed those costs, how much has DOD returned to the U.S. Treasury?

Who within DOD compiles information on incremental costs associated with U.N. peacekeeping operations? Is it done by each service, then collated by the Office of the Secretary of Defense? Or some other way?

I look forward to your prompt response.